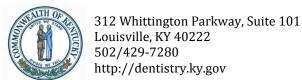
Inspector signature
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Passed/failed
Date Completed

Kentucky Board of Dentistry



FOR KBD USE ONLY

INFECTION CONTROL INSPECTION CHECKLIST

Name					
Last/Suffix License Number		First		Middle	
		-			
Business address					
Business N	lame	Number & Street			
City	State	ZIP	KY County	Phon	e #
This inspection is done to ensure lice	nsee compliance with	201 KAR 8:540 or 58	O as they relate to the guideling	nes issued	by th
Center for Disease Control.					
Patient and Personnel Protection				Yes	No
Are new employees educated in the	office procedures for i	infection control?		1	- 110
Is there an annual update for all staff					
Have all workers involved with patier		Hepatitis B vaccination	ons or signed a waiver?		
Have you developed a written compr		•			
orogram?			·		
Do you maintain confidential medica	l records (e.g. immuni	zation records and do	ocumentation of tests		
received as a result of occupational e					
Do all staff involved in clinical patient	care wear gloves whi	ile treating patients?			
Do all staff involved in clinical patient	care change gloves b	etween patients?			
Do all staff wear protective clothing o	during patient care?				
Do all staff wear a mask when proced	dure involves spatter?				
Sterilization and Disinfection					
Are handpieces sterilized following e	ach patient treatment	:?			
Approved method of sterilization use	:				
Autoclave					
Dry Heat					
Heat/Chemical Vapor					
Do you have routine verification that	the sterilization meth	nod is functioning pro	perly?		
Are individual burrs either discarded	or sterilized following	each use?			
How?					
Do you disinfect operatory equipmer	nt and surfaces between	en patients?			
Are surfaces that are difficult to disin	fect covered?				
Are covers changed between patient					
Name/type of germicide or disinfecta	nt used:				
Do you clean, disinfect, and sterilize i	tems in a separate are	ea maintained for this	purpose?		
How do you protect dental records, o	harts, and radiograph	ns from handling and o	contamination during	1	
patient treatment?					
Regulated Medical Waste				ļ	
Do you have a medical waste manage					
Do you dispose of extracted teeth as	regulated medical wa	ste?		1	l

Are sharp disposable items discarded in a non-breakable, color coded, puncture proof container?